

# ***FY14 VA-DoD Billing Update***

## ***Presented by DHA UBO Program Office Support***

22 October 2013 0800 – 0900 ET

24 October 2013 1400 – 1500 ET

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- This webinar will address VA-DoD billing as well as other VA-DoD topics:
  - Understanding VA billing
  - VA-DoD Resource Sharing Agreements
  - Updated FY14 Inpatient Calculator package
  - FY13 Outpatient Billing Guide
  - Scenarios

## K61-1 (VETERANS ADMIN BENEFICIARY)

- Use this PATCAT if no local VA-DoD resource sharing agreement
- Use the DHA UBO rates: [http://www.tricare.mil/ocfo/mcfs/ubo/mhs\\_rates.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm)
  - Interagency discount applies to outpatient (including lab and rad), dental, anesthesia, and ambulance services; full rate for DME, immunization, or pharmaceuticals
  - Inpatient -MTF-specific Interagency rate (IAR)
    - Includes inpatient institutional (94%) and professional (7%) charge
  - Outpatient -Interagency/Other Federal Agency Sponsored Rate (IOR) or apply government discount calculation factor as applicable
  - Pharmaceuticals - DHA UBO rates and Pharmacy Price Estimator (PPE): [http://](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_r)

[www.tricare.mil/ocfo/mcfs/ubo/mhs\\_r](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_r)

## K61-2 (DOD/VA SHARING AGREEMENT)

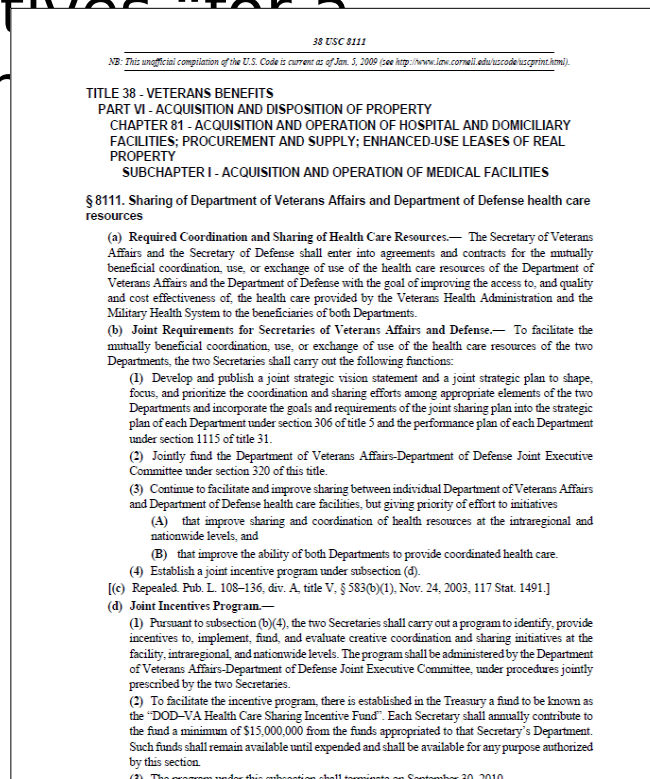
- MTF must have current VA-DoD RS agreement to use this PATCAT
- Follow local sharing agreement. If billing rates not specified, follow national guidelines
  - TRICARE ASA <http://www.tricare.mil/drgrates/index.cfm?fuseaction=main.adjAmounts&fiscalYear=2014> and CMAC <http://www.tricare.mil/cmhc> rates less 10% for inpatient and outpatient care
  - TRICARE ASA does not include 7% professional charge, thus charge for professional component of inpatient care
  - DHA UBO VA-DoD PPE: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#VAPharmacy>
  - MTFs may use DHA UBO VA-DoD Inpatient and Outpatient Billing Guides
  - Following slides will demonstrate

# Guide to VA-DoD Resource Sharing Agreements

- 38 USC § 8111
  - Requires VA and DoD to enter into mutually beneficial agreements for sharing of healthcare resources.
  - Instructs VA and DoD Secretaries to issue guidelines and policy directives “for a standardized, uniform payment and reimbursement schedule”

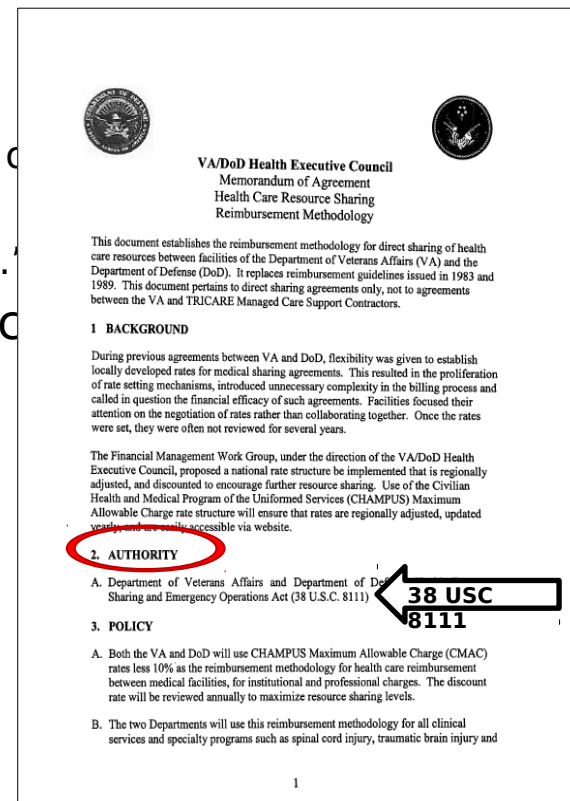
Flashback to UBO Policy presentation:

- USC = US Code
- A compilation of general and permanent federal laws of the United States
- Enacted through the



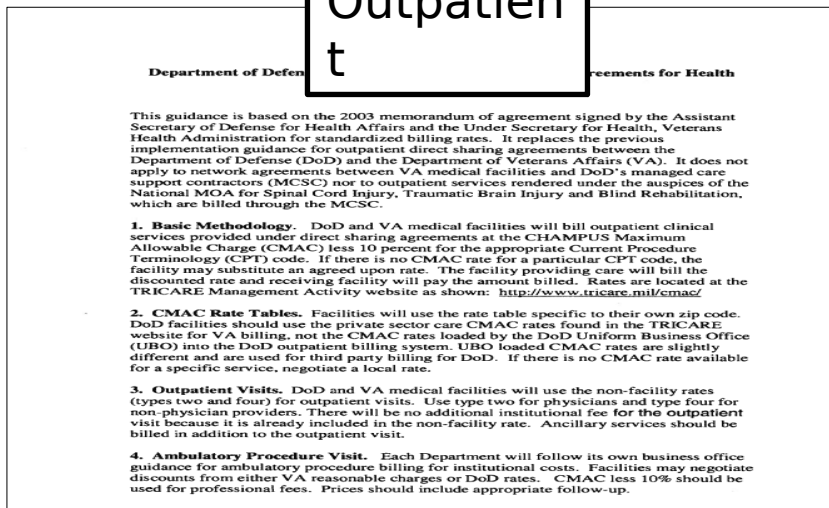
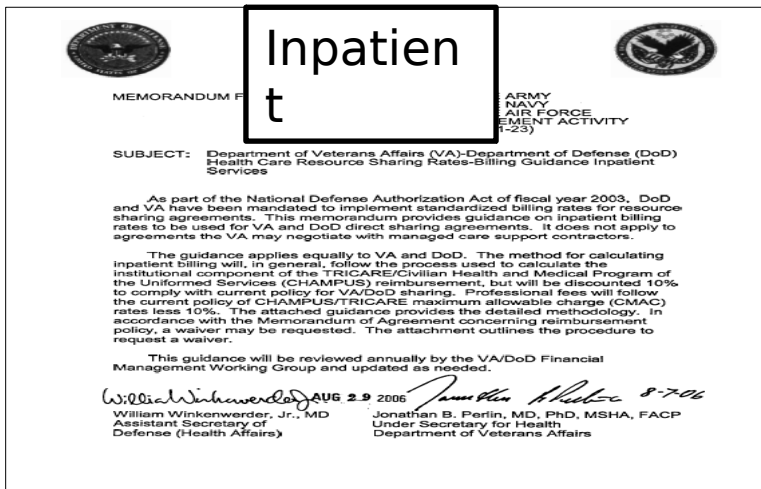
## 2003 “VA-DoD Health Executive Council Memorandum of Agreement Health Care Resource Sharing Reimbursement Methodology”

- National agreement that provides reimbursement methodology for care provided at VA and DoD medical facilities with resource sharing agreements
  - Charge TRICARE rates, in general, less 10% for inpatient and outpatient care
- Authorizes waivers and local agreements,
  - “1) if the standardized rate does not cover marginal costs of care
  - 2) if the standardized rate is higher than local market rates and both parties desire a larger discount from CMAC.”
- Does not apply to reimbursement for care at facilities with agreements between the VA and TRICARE Managed Care Support Contractors



# Guide to VA-DoD Resource Sharing Agreements

- VA-DoD 2006 Inpatient and 2009 Outpatient Policy Billing Guidance
  - Provide specific reimbursement methodologies for both inpatient and outpatient claims
  - <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>
- DHA UBO User Guide, “VA-DoD Resource Sharing Billing”: [http://www.tricare.mil/ocfo/mcfs/ubo/policy\\_guidance/userguide.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/policy_guidance/userguide.cfm)



- Local VA-DoD Resource Sharing Agreements
  - Based upon the national guidance, but may provide more specificity
  - Must have current local RS agreement to use PATCAT K61-2
    - List of MTFs with local RS agreements is available at: <http://www.tricare.mil/DVPCO/va-direct.cfm>
    - Consult with your Service Program Manager to verify and for additional information
- MTF personnel must be aware of the provisions of their local RS agreement in order to generate accurate claims
- Review your MTF's RS agreement to determine which version of the DHA UBO calculator and billing guide applies

## VA-DoD Inpatient Claims for VA-DoD Resource Sharing agreement care




- Institutional component includes:
  - Routine services (e.g., room, board, therapy, and nursing services), and supplies necessary for the treatment of the patient
  - Technical components of ancillary services (i.e., laboratory, radiology)
  - ED facility/ancillary services
  - Take-home drugs
  - Special care unit operation
  - Charges based on TRICARE/CHAMPUS Medicare Severity-Diagnosis Related Group (MS-DRG)-based payment system
    - Use DHA UBO Inpatient Institutional Calculator to calculate billable charge based on MS-DRG, Length of Stay, Disposition Status, and MTF ZIP Code
- Inpatient Admission from ED
  - the discharge type from the ED should be “admitted”
  - submit claim for the professional charges, including CPT® codes 99291 and 99292, unless precluded by the local

- Per VA-DoD Inpatient Guidance Memorandum, charges for Non-Institutional inpatient services/supplies/pharmaceuticals are based on rates in effect on date of discharge:

Professional Services	TRICARE CMAC rate less 10% discount
Durable Medical Equipment	Cost
Ambulance Services	CMS Ambulance rate
Anesthesia Professional Services	TRICARE CMAC rate less 10% discount
Purchased Care Services from Outside Facility	Cost
Pharmaceuticals	Average wholesale price (AWP) less 60 percent plus a \$9.00 dispensing fee
Pass-through Items	Cost
Other	Cost

- MTFs may negotiate different rates with the VA, including different discount % or specific rates

- Inpatient Institutional Calculator, Inpatient Billing Guide for Professional Services, User Guide, and a list of the official ZIP codes of MTFs that provide inpatient care are available on the DHA\_UBO Web site at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>
  - Use of the calculator and billing guide is optional
  - The calculator is intended to help with generating a claim, it cannot be substituted for other billing documents
- For MTFs with standard resource sharing agreements with the VA
  - Use the Excel® file:  
“Standard\_Modified\_VA-DoD\_Inp\_Inst\_Calculator\_FYxx.xls”
  - Includes a fixed 10% discount for institutional, professional, and anesthesia and ambulance services
- For MTFs that have negotiated an agreement with a different discount percentage or negotiated rate for one or more of these services/items
  - Use the Excel® file:  
“Variable\_Rate\_Modified\_VA-DoD\_Inp\_Inst\_Calculator\_FYxx.xls”
  - Manually enter discount percentage
- Select the version of the Calculator based on the patient’s date of discharge

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14		
Claim Information	LOS	0
	MS-DRG	0
	Disposition Status	0
Hospital-Specific Information	Facility ZIP Code (5 digits)	
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ -
<p><b>Instructions for use:</b></p> <p>a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information</p> <p>b. Enter Medicare Severity Diagnosis Related Group (MS-DRG) in cell C4 of Claim Information. The description of the MS-DRG number entered will display in the box below</p> <p>c. Enter Disposition Status in cell C5 of Claim Information</p> <p>d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information unless care was provided at an overseas MTF. Overseas MTFs enter 00000 in cell C6.</p> <p>e. VA-DoD Discount is fixed at 10%</p> <p>f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary</p> <p><a href="#">Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website</a></p>		
	MS-DRG Description	Enter MS-DRG Above in cell C4.

- For standard resource sharing agreements with 10% discount, user must enter the following 4 inputs (obtained from the patient record):
  - Length of Stay in bed days
  - MS-DRG
  - Disposition Status
  - Facility ZIP Code (5 digits)
- If an MTF has negotiated a discount other than 10% or a specific charge, use the Variable Rate Calculator, and enter the negotiated VA-DoD Discount or charge as well

LOS	0
MS-DRG	0
Disposition Status	0
Facility ZIP Code (5 digits)	0
VA-DoD Discount	10%
<b>Inpatient Institutional Charge</b>	<b>\$ -</b>

- When MS-DRG is entered, its description displays below the Calculator:

<b>MS-DRG Description</b>	INFLAMMATORY BOWEL DISEASE W CC
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- Once all of the required inputs have been entered, the Calculator will display the total claim amount to submit to the VA for the *institutional* component of the inpatient episode of care

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14		
Claim Information	LOS	5
	MS-DRG	41
	Disposition Status	1
Hospital-Specific Information	Facility ZIP Code (5 digits)	20889
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ 11,644.30

- Contained in same Excel® workbook as the IIC
- Institutional charge automatically populates in the IBG when calculated in the IIC

VA-DoD Resource Sharing - Inpatient Billing Guide							
	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
	Inpatient Institutional Charge		<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 11,644.30	<a href="#">Clear Worksheet</a>
+	Professional Services		<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -	<a href="#">Print Worksheets</a>
+	Durable Medical Equipment		Cost	\$ -	0%	\$ -	<a href="#">Export Worksheet</a>
+	Ambulance Services		<a href="#">CMS Ambulance less Discount*</a>	\$ -	10%	\$ -	
+	Anesthesia Professional Services		<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -	
+	Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -	
+	Pharmaceuticals		<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -	
+	Pass-through Items		cost	\$ -	0%	\$ -	
+	Other		cost	\$ -	0%	\$ -	
	<b>Total</b>					<b>\$ 11,644.30</b>	

- Most non-institutional services have a link under the “Billing Criteria” column to access and use a TRICARE, CMS or DHA UBO Web site to determine the appropriate rate
  - Click on the link to open the Web site in default Web browser
  - Enter codes and other required information from patient encounter record to look up rate, and then enter it in the “Cost” column
  - Use Category 1 (facility physician) or Category 3 (facility non-physician) rates for services provided
  - VA-DoD discount will be applied automatically (if applicable) to calculate the VA Billable Amount for that service or item
  - Ability to add multiple services/supplies/pharmaceuticals on one workbook page if needed

Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 11,644.30
Professional Services		<a href="#">TRICARE CMAC less Discount*</a>	\$ 714.72	10%	\$ 643.25



- All Excel® worksheet fields are reset each time the file is opened

- Each worksheet has three Command Buttons:

Clear Worksheet

← Clears the active worksheet of all User-entered data

Print Worksheets

← Sends all worksheets to User's default printer

Export Worksheets

← Creates a new Excel® workbook with copies of the data from the worksheets

- Exported/saved Worksheet only contains a copy of the patient's information entered and total charges calculated
- User cannot change data and recalculate VA Billable charges in the exported/saved worksheet
- If changes to calculations are necessary, recalculate using original Excel® workbook and then export again
- To save a copy of the completed worksheets for a particular inpatient episode of care must first export a copy then save

- 2006 VA-DoD Inpatient Guidance Memorandum:
  - Billing will be based on the agreement in place at the time services were rendered
  - Initial bills for inpatient care will be accepted for payment for up to one year after the date of discharge or end of encounter, unless the facilities agree to an extension due to local circumstances
  - Valid bills will be paid promptly
- User Guide available for download and reference from the DHA UBO Web site at:  
<http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm>

# VA-DoD Outpatient Claims for VA-DoD Resource Sharing agreement care

- Outpatient Billing Guide (OBG) was developed to assist MTFs with Resource Sharing agreements to submit claims to the VA for outpatient care
- Billing criteria are based on 2003 National Resource Sharing Agreement and 2009 Outpatient Billing Guidance
- Format based on existing Inpatient Institutional Calculator and Billing Guide
- Developed with input from focus groups and beta testers
- Use of OBG is optional
- OBG is designed to assist with generating a claim, it cannot be substituted for existing billing forms
- A User Guide is also provided to assist MTFs with use of the OBG

# VA-DoD Resource Sharing Outpatient Billing Guide

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)		Locally negotiated rate	\$ -	0%	\$ -
Professional Service(s)		<a href="#">TRICARE CMAC less Discount</a>	\$ -	10%	\$ -
Anesthesia Professional Service(s)		<a href="#">TRICARE Anesthesia Procedure Pricing</a>	\$ -	10%	\$ -
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		<a href="#">TRICARE CMAC less Discount</a>	\$ -	10%	\$ -
Radiology Service(s)		<a href="#">TRICARE Global CMAC less Discount</a>	\$ -	10%	\$ -
Pharmaceuticals		<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ -

- ☐ Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.
- ☐ When looking up CMAC rates, use Provider Class 2 for services provided by a physician and use Provider Class 4 for services provided by a non-physician.
- ☐ If there is no CMAC rate for a particular service, a locally negotiated rate may be substituted.
- ☐ Institutional Services can only be charged for Ambulatory Procedure Visits, Same Day Surgery, Observation Beds, and Emergency Room Visits. Costs are negotiated locally for these types of Institutional Service.
- ☐ [For additional help, click here to access the User Guide for the VA-DoD Outpatient Billing Guide on the TMA UBO Website](#)

- Hyperlinks are provided to applicable rate tables
- VA-DoD discount calculated automatically
- Variable rate version also available that allows discount % or charge to be added in accordance with local sharing agreement
- Ability to add multiple services/supplies/pharmaceuticals on one workbook page if needed
- Worksheet is cleared automatically every time the document is opened
- Ability to export completed worksheets and save copies

- Institutional Costs are not calculated because the 2009 National Outpatient Billing Guidance instructs MTFs to negotiate these costs locally
- When looking up CMAC rates for Outpatient encounters, use Category 2 rates (physician non-facility) or Category 4 (non-physician non-facility) for services provided
  - Map the provider described in the encounter documentation to the correct TRICARE Provider Category
    - Category 2 (Non-Facility Physician): Services of MDs, DOs, optometrists, podiatrists, psychologists, oral surgeons, audiologists, and CNMs provided in a non-facility setting
    - Category 4 (Non-Facility, Non-Physician): Services, of all other providers not found in Category 2, provided in a non-facility setting

- Outpatient Billing Guide is available for download at [http://  
www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Outpatient](http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Outpatient)
- Two versions are available:
  - Standard Version with VA-DoD discounts based on the national billing guidance (e.g., TRICARE CMAC less 10%)
  - Variable Rate Version with ability to enter discount % or cost based on local agreement



- A VA patient has an appendectomy performed at Navy Medical Center San Diego, an MTF that provides standard VA-DoD resource sharing agreement care
- He is put under anesthesia for 90 minutes by a facility physician
- The patient stays in hospital for 2 days before being discharged to his home
- The following information is documented in the inpatient clinical encounter record:

## Institutional Services

- LOS: 2 days
- MS-DRG: 343 (appendectomy w/o complicated principal diag w/o cc/mcc)
- Disposition Status: 01 (Home)
- Facility ZIP Code: 92134

## Professional Services

- CPT® Codes: 44950 (appendectomy), 99231 (subsequent hospital care), and 99232 (subsequent hospital care)
- Category of Provider: 1 (Facility Physician) -for all three CPT® Codes

## Anesthesia Services

- CPT® Code: 00840
- Anesthesia provider: Physician
- Time of Anesthesia in minutes: 90

- Enter the 4 required inputs from the inpatient clinical encounter record into the “VA-DoD Inp. Inst. Calculator” worksheet:
  - LOS: 2 days
  - MS-DRG: 343 (appendectomy w/o complicated principal diag w/o cc/mcc)
  - Disposition Status: 01 (Home)
  - Facility ZIP Code: 92134

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14		
Claim Information	LOS	2
	MS-DRG	343
	Disposition Status	1
Hospital-Specific Information	Facility ZIP Code (5 digits)	92134
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ 5,927.71

- Use the link to the TRICARE CMAC Procedure Pricing Web site to determine the costs for Professional Services
  - Facility ZIP Code: 92134
  - CPT® Codes: 44950 (appendectomy), 99231 (subsequent hospital care), and 99232 (subsequent hospital care)
  - Category of Provider: 1 (Facility Physician) – applies to all three CPT® Codes

CMAC for Category <a href="#">1</a>	\$637.83
Category of Provider	Facility Physician
CMAC for Category <a href="#">2</a>	\$637.83
Category of Provider	Non-Facility Physician
CMAC for Category <a href="#">3</a>	\$542.16
Category of Provider	Facility Non-Physician
CMAC for Category <a href="#">4</a>	\$542.16
Category of Provider	Non-Facility Non-Physician

- After looking up the rate and entering it in the Cost column, click the plus button next to “Professional Services” to add a blank new line

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service		CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge			VA-DoD Inp. Inst. Calculator			\$ 5,927.71
+	Professional Services	44950	TRICARE CMAC less Discount*	\$ 637.83	10%	\$ 574.05
+	Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -

- Enter the rate for each CPT® code in the “Cost” column
- The VA-DoD Discount is applied automatically
- If this MTF had negotiated a discount other than 10%, the use the Variable Rate version of the calculator and manually enter the discount under the “Discount

VA-DoD Resource Sharing - Inpatient Billing Guide							
	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
	Inpatient Institutional Charge		<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 5,927.71	<a href="#">Clear Worksheet</a>
+	Professional Services	44950	<a href="#">TRICARE CMAC less Discount*</a>	\$ 637.83	10%	\$ 574.05	<a href="#">Print Worksheets</a>
+	Professional Services	99231	<a href="#">TRICARE CMAC less Discount*</a>	\$38.86	10%	\$ 34.97	
+	Professional Services	99232	<a href="#">TRICARE CMAC less Discount*</a>	\$71.70	10%	\$ 64.53	<a href="#">Export Worksheet</a>
+	Durable Medical Equipment		Cost	\$ -	0%	\$ -	
+	Ambulance Services		<a href="#">CMS Ambulance less Discount*</a>	\$ -	10%	\$ -	
+	Anesthesia Professional Services		<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -	
+	Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -	
+	Pharmaceuticals		<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -	
+	Pass-through Items		cost	\$ -	0%	\$ -	
+	Other		cost	\$ -	0%	\$ -	
	Total					\$ 6,601.26	

- Click the link to the TRICARE CMAC Anesthesia Procedure Pricing Web site to determine the costs for Anesthesia Services

Anesthesia Professional Services	00840	TRICARE CMAC less Discount*
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– Enter the relevant info on the form

– Facility ZIP Code: 28310

– CPT® Code: 00840

– Anesthesia provider: Physician

– Time of Anesthesia in minutes:

Please select provider classification, procedure code, and enter the length of the procedure below.

Select Provider Classification:

☒ Class 1 (physician)

☐ Class 4 (non-physician)

Enter Procedure Code:

00840

Length of procedure, in minutes (ignored for codes 99100, 99116, 99135, 99140):

90

Submit for Calculations

- Click on “Submit for Calculations” and the allowable amount will be calculated

Anesthesia Rates for Procedure Code: 00840	
Locality Code: 360	
Current Rate Effective as of Monday, April 01, 2013	
Class:	Class 1 Provider
Duration:	90 minutes
Allowable amount:	\$253.08

Note: Procedure duration rounded up to next 15-minute interval

# Practice Scenario – Anesthesia Services

- Enter “allowable amount” in “Cost” column of the IBG
- VA-DoD discount is automatically applied to calculate VA Billable Amount
- Total VA Billable Amount populates at the bottom

Anesthesia Rates for Procedure Code: 00840	
Locality Code: 360	
Current Rate Effective as of Monday, April 01, 2013	
Class:	Class 1 Provider
Duration:	90 minutes
Allowable amount:	\$253.08

Note: Procedure duration rounded up to next 15-minute interval

VA-DoD Resource Sharing - Inpatient Billing Guide						
	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
	Inpatient Institutional Charge		VA-DoD Inpatient Calculator			\$ 5,927.71
+	Professional Services	44950	TRICARE CMAC less Discount*	\$ 637.83	10%	\$ 574.05
+	Professional Services	99231	TRICARE CMAC less Discount*	\$38.86	10%	\$ 34.97
+	Professional Services	99232	TRICARE CMAC less Discount*	\$71.70	10%	\$ 64.53
+	Durable Medical Equipment		Cost	\$ -	0%	\$ -
+	Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
+	Anesthesia Professional Services	00840	TRICARE CMAC less Discount*	\$ 253.08	10%	\$ 227.77
+	Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
+	Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+	Pass-through Items		cost	\$ -	0%	\$ -
+	Other		cost	\$ -	0%	\$ -
	Total					\$ 6,829.03

- To clear the worksheet, click on “Clear Worksheet”
- To print out a copy of the three worksheets, click on “Print Worksheets”
- To export and save a copy of the worksheets, click on “Export Worksheets”, then save

VA-DoD Resource Sharing - Inpatient Billing Guide							
	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
	Inpatient Institutional Charge		<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 5,927.71	Clear Worksheet
+	Professional Services	44950	<a href="#">TRICARE CMAC less Discount*</a>	\$ 637.83	10%	\$ 574.05	Print Worksheets
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+	Professional Services	99232	<a href="#">TRICARE CMAC less Discount*</a>	\$71.70	10%	\$ 64.53	Export Worksheet
+	Durable Medical Equipment		Cost	\$ -	0%	\$ -	
+	Ambulance Services		<a href="#">CMS Ambulance less Discount*</a>	\$ -	10%	\$ -	
+	Anesthesia Professional Services	00840	<a href="#">TRICARE CMAC less Discount*</a>	\$ 253.08	10%	\$ 227.77	
+	Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -	
+	Pharmaceuticals		<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -	
+	Pass-through Items		cost	\$ -	0%	\$ -	
+	Other		cost	\$ -	0%	\$ -	
	Total					\$ 6,829.03	







# Instructions for CEU Credit

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